Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fifective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2007					Complete If Known					
					Application Number 10/758,758					
					Filing Date JANUARY 15, 2004			2004		
					<u></u>	1				
☐ Applicant claims small entity status. See 37 CFR 1.27					First Named Inventor AUTRYVE, ET A					
TOTAL AMOUNT OF PAYMENT				_	iner Name	1	HSIEN-MING LEE			
		(\$) 1000.00			Art Unit 2823 Attorney Docket No. APPM/0D876					
WETUOD OF TAXA				Auom	ey Docket No.	AP	M/008764.	P1/FEP/OXD/	AG	_
METHOD OF PAYA										
☐ Check ☐ Cred	dit Card	Money O	rder 🔲 None	₽ □ 0	ther (please	identi	fy) :			
☐ Deposit Account	t Deposit Acc	ount Numb	er; <u>50-1074/008</u>	764,P1/R	<u>WM</u> . Deposi	t Acco	unt Name:	APPLIED MA	TERIALS, INC.	
			int, the Director	is hereby						
Charg		Charge fee(s) indicated below, except for the filing fee								
L Unde	r 37 CFR 1 18	and 1 17	underpayments				overpayme		en e	- 1
WARNING: Information of Information and authorize	on this form ma	v hacoma ni	ıbile. Credit card	Informatio	on should not t	e Incli	ided on this	form. Provide (credit card	
FEE CALCULATION										
1. BASIC FILING,	SEARCH. AN	ID EXAM	NATION FEE	9		•				
	FILING	FEES	\$	EARCH			EXAMIN.	ATION FEES	3	
Application Type	Fee (\$)	Small Er Fee(\$		oo/#\	Small Entit	<u>ty</u>		Small Entity		
Utility	300	150	-	<u>ee(\$)</u> 00	<u>Fee(\$)</u> 250		<u>Fee(\$)</u> 200	<u>Fee(\$)</u> 100	Fees Paid (\$)	: :
Design	200	100		00	50 50		130	65		
Plant	200	100	30	00	150		160	80		
Reissue	300	150	50	00	250		600	300		
Provisional	200	100		0	0		0	0		
2. EXCESS CLAIM						Small Entity				
Fee Description Fach claim ever 20 (including Delease)								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								50	25	
Multiple dependent claims								200 360	100	
Total Claims				Fee	Fee Pald (\$)				180 Dependent Claim	.
$\underline{0}$ -20 = $\underline{0}$ x $\underline{0}$ = HP = highest number of total claims paid for, if greater than 20.				Ō) Fee Paid (_ ,
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<u>12</u> (HP = 7	<u>Extra (</u>) <u>5</u>	<u>Jaims</u>	<u>Fee(\$)</u> 200 =		<u>Paid (\$)</u>		-			
HP = highest number		cialms paid fo	≂ کr, if greater than 3	= <u>100'</u> 3.	0.00				2 44	
3. APPLICATION SIZ	ZE FEE					7			•	
If the specification a	nd drawings	exceed 10	0 sheets of pa	aper (exc	luding elect	ronica	lly filed se	quence or co	omputer	- 1
nounge ditte	1 0/ 0/ 1/ 1/0	zien, men	S.C. 41(a)(1)	e tee dia	Aic なつらひ /む・	125 50	r small en	tity) for each	additional 50	
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4. OTHER FEE(S)	o :14								Fees Pald (\$)	
Non-⊨nglish Other (e.g., k	Specification,	\$130 fee	(no small enti	ty discou	ınt)					
Ottor (e.g., id	ate illing surc	narge):								
SUBMITTED BY			20						<u> </u>	\dashv
Signature	///	1. 9	In 1	R	egistration No.				• • •	
	OBERT W. ML	ILCAHY	Marken	Af A	ittomey/Agent)	25,	436	Telephono	713-623-484	14
his collection of information is reco			ation is required to a	hielm or misk	n a haaafil bu ilb		John Son Le Princip	Date	03/07/0	2)
ornidentiality is governed by 35 U.	S.C. 122 and 37 CI	R 1.14, This c	ollection is estimated		i a variani by the p	JUDIIC WIT	ron is to file (en	id by the USPTO to	process) an application,	

application form to the USPTO. Time will vary depending upon the individual tasks of minutes to complete, including gethering, preparing, and submitting the completed burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OF COMPLETED FORMS TO EHIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.